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UTILITY PATENT APPLICATION TRANSMITTAL		Attorney Docket No. END 5209									
First Inventor: Christopher J. Hess et al. Title: ENDOSCOPIC MUCOSAL RESECTION DEVICE WITH OVERTUBE AND METHOD OF USE											
I hereby certify that this correspondence is being deposited today with the United States Postal Service as Express Mail – Post Office to Addressee in an envelope addressed to: Commissioner for Patents, MS Patent Application, PO Box 1450, Alexandria, VA 22313											
Name: <i>Linda F. Hansen</i> Linda F. Hansen		Date: September <u>29</u> 2003									
(only for new nonprovisional applications under 37 CFR 1.53(b))		Express Mail Label No. ER 554 935 985 US									
APPLICATION ELEMENTS <i>See MPEP Chapter 600 concerning utility patent application contents.</i>		ADDRESSED TO: Commissioner For Patents MS Patent Application PO Box 1450 Alexandria, VA 22313-1450									
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <i>(submit an original and a duplicate for fee processing)</i> 2. <input type="checkbox"/> Applicant claims small entity status. 3. <input checked="" type="checkbox"/> Specification [Total Pages 25] <i>(Preferred arrangement set forth below)</i> <ul style="list-style-type: none"> - Descriptive Title of the Invention - Cross Reference to Related Applications - Statement Regarding Fed sponsored R&D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings <i>(if filed)</i> - Detailed Description - Claim(s) - Abstract of the Disclosure 		7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix) 8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) <ul style="list-style-type: none"> a. <input type="checkbox"/> Computer Readable Form (CRF) b. <input type="checkbox"/> Specification Sequence Listing on: <ul style="list-style-type: none"> i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> Paper c. <input type="checkbox"/> Statement verifying identity of above copies 									
4. <input checked="" type="checkbox"/> Drawing(s)(35 USC 113) [Total Sheets 7] 5. <input checked="" type="checkbox"/> Oath or Declaration [Total Pages 3] <ul style="list-style-type: none"> a. <input checked="" type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) <i>(for continuation/divisional with Box 18 completed)</i> <ul style="list-style-type: none"> i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b). 		ACCOMPANYING APPLICATION PARTS <ul style="list-style-type: none"> 9. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s)) 10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input checked="" type="checkbox"/> Power of Attorney <i>(when there is an assignee)</i> 11. <input type="checkbox"/> English Translation Document <i>(if applicable)</i> 12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations 13. <input type="checkbox"/> Preliminary Amendment 14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i> 15. <input type="checkbox"/> Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i> 16. <input type="checkbox"/> Nonpublication Request and Certifications under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent. 17. <input checked="" type="checkbox"/> Application Cover Sheet w/Express Mail Certification 									
6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76 18. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-Part (CIP) of prior application No.: _____, filed _____. Prior application information: Examiner _____ Group Art Unit: _____ For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.											
19. CORRESPONDENCE ADDRESS <input checked="" type="checkbox"/> Customer Number or Bar Code Label 000027777 or <input checked="" type="checkbox"/> Correspondence Address below Name: Philip S. Johnson, Esq. Address: Johnson & Johnson, One Johnson & Johnson Plaza New Brunswick, NJ 08933-7003 USA											
20. TELEPHONE CONTACT: Gerry S. Gressel Please direct all telephone calls or faxes to: Telephone: (513) 337-3535 Fax: (513) 337-8489											
21. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">NAME</td> <td>Gerry S. Gressel</td> <td>Reg. No. 34,342</td> </tr> <tr> <td>SIGNATURE</td> <td colspan="2"><i>Gerry S. Gressel</i> 9/29/03</td> </tr> <tr> <td colspan="2"></td> <td>Date: September 29, 2003</td> </tr> </table>			NAME	Gerry S. Gressel	Reg. No. 34,342	SIGNATURE	<i>Gerry S. Gressel</i> 9/29/03				Date: September 29, 2003
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SIGNATURE	<i>Gerry S. Gressel</i> 9/29/03										
		Date: September 29, 2003									

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FEE TRANSMITTAL

Complete if Known	
Application Number	
Filing Date	September 29, 2003
First Named Inventor	Rudolph Nobis et al.
Group Art Unit	
Examiner Name	
Attorney Docket Number	END-5209

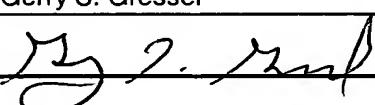
FEE CALCULATION

CLAIMS AS FILED

(1)	(2)	(3)	(4)	(5)
FOR:	NUMBER FILED	NUMBER EXTRA	RATE	BASIC FEE \$ 750.00
TOTAL CLAIMS	14 =	0	x 18.00	\$ 00.00
INDEPENDENT CLAIMS	3 =	0	x 84.00	\$ 00.00
MULTIPLE DEPENDENT CLAIMS	0 - =	N/A	X 280.00	
			TOTAL FEES	\$750.00

METHOD OF PAYMENT

- Please charge Deposit Account No. 10-0750END-5209/GSG in the amount of \$750.00.
- The Commissioner is hereby authorized to charge any additional fees which may be required in connection with the filing of this communication, or credit any overpayment, to Account No. 10-0750END-5209/GSG .

SUBMITTED BY:		Complete (if applicable)
Typed or Printed Name	Gerry S. Gressel	Reg. No. 34,342
Signature		Date: September , 2003 Deposit Account No. 10-0750